

Health Insurance **Enrollment Guide**

*for Arkansas State
& Public School Retirees*

2007 Plan Year

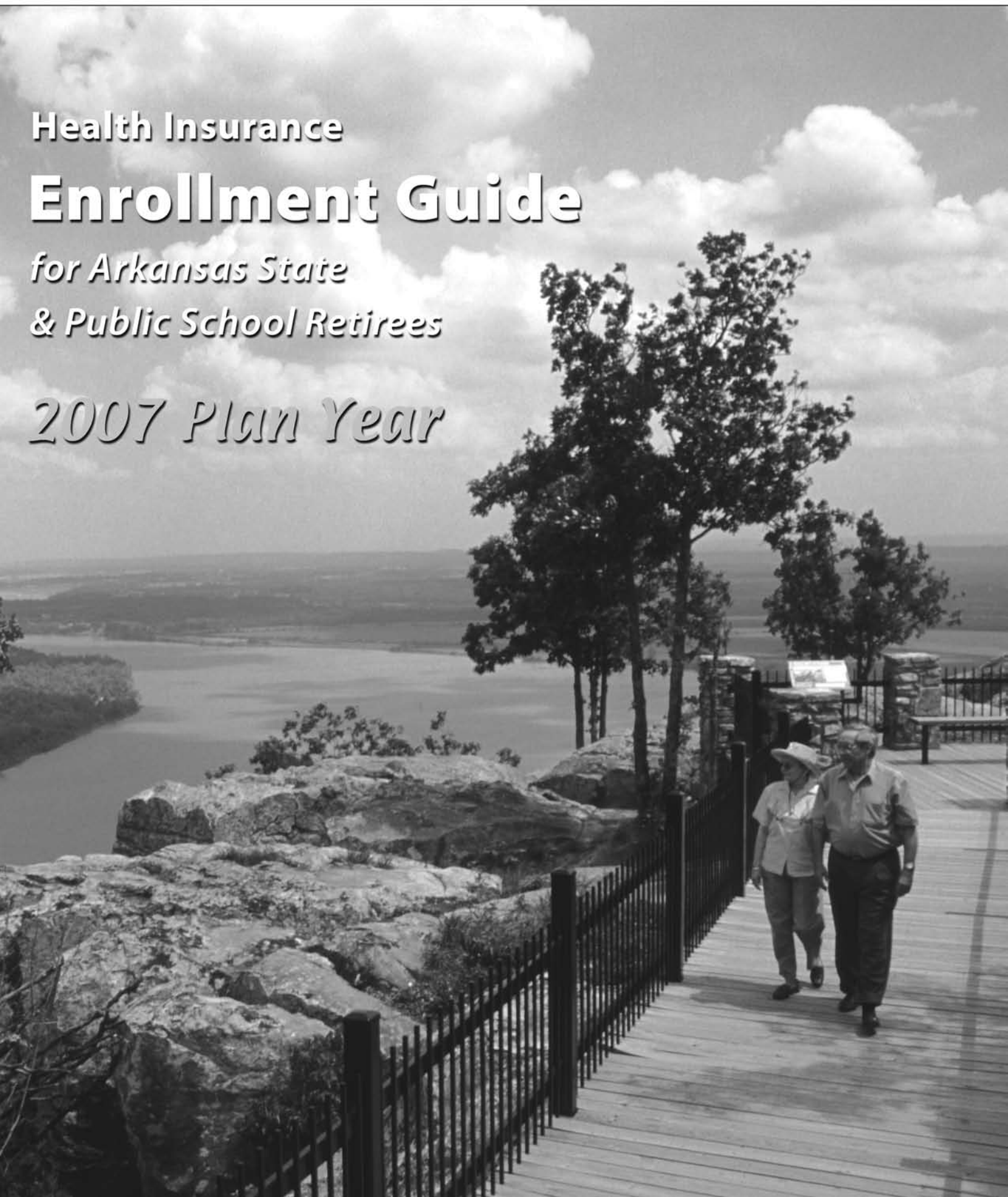


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Also see Creditable Coverage Disclosure Notice on the inside back cover of this book.

What's New This Year?

All Retirees Get Expanded Benefits Under "ARHealth Retirees"

Effective January 1, 2007, all school and state retirees, both Medicare and Non-Medicare Primary, will be under one health program, **ARHealth Retirees**. This program is administered by Employee Benefits Division of the Department of Finance and Administration – State of Arkansas. No action is required, your coverage will automatically transfer to the ARHealth Retiree Plan on January 1, 2007, and you will receive an ID card.





Here are some of the benefits of the program:

- **No referrals - therefore you are not required to select a primary care physician (PCP).**
- **You have access to a wide network outside of the state, with participating providers using Health Advantage's Blue Card program. The ARHealth Retiree network also includes recently added hospitals, University of Arkansas for Medical Sciences (UAMS) and St. Vincent, as well as Cooper Clinic, P.A. in Fort Smith.**
- **Basic dental with two cleanings a year.**
- **Vision screenings every other year.**

If you are a Medicare-primary retiree, ARHealth Retirees gives you the flexibility to visit any physician or hospital you choose as long as they accept Medicare assignment and Employee Benefits Division will coordinate your benefits.

New Combined Health and Pharmacy Card

For the new plan year, you will receive one card that will serve as your health and pharmacy card. So this means you will no longer have to carry a card for medical and a card for prescription benefits*. Just show this card to your physician and to your pharmacy. Your new card will have the ARHealth logo, plus the logo of this year's network provider, Health Advantage, in the right hand corner of the card.

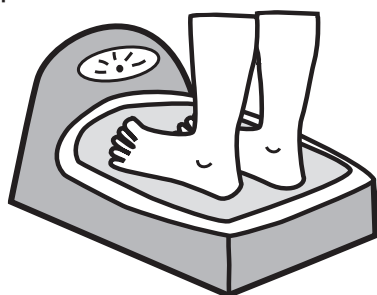
	
RxBin: 601577	Copay: \$20/\$25
Grp/Plan: 0010040000	ER: \$100
Issuer: (80840)	Rx Copay: \$10/\$25/\$50
ID: 00 21547901	
Name: John Doe	
DOB: 04/27/1969	
Customer Service: XXX-XXX-XXXX www.xxxxxxxx.com Pre-Cert: XXX-XXX-XXXX	Benefit Coordinator Claims PO Box XXXXXX Little Rock, AR XXXXX

*Medicare-primary public school retirees do not have prescription benefits under this program.

New Wellness Program for Non-Medicare Retirees

Weight Management

- ✓ 6-week program
- ✓ No additional cost
- ✓ Goal Setting,
Health Coaches,
Tailored weight
management
plan



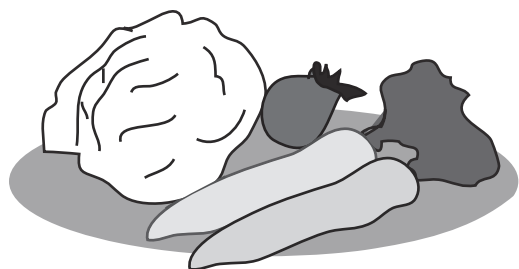
Health Hint! BMI is used as a screening tool to identify possible weight problems for adults. However, BMI is not a direct measure of body fatness. BMI is calculated from an individual's weight which includes both muscle and fat. As a result, some individuals may have a high BMI but not have a percentage of body fat. To determine if excess weight is a health risk, a healthcare provider would need to perform further assessments. CHECK YOUR BMI BELOW ...

Body Mass Index (BMI) - Adult Chart
www.CDC.gov

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height (inches)	Weight (in pounds)																
4'10" (58")	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4'11" (59")	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5" (60")	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5'1" (61")	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5'2" (62")	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5'3" (63")	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5'4" (64")	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5'5" (65")	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5'6" (66")	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5'7" (67")	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5'8" (68")	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5'9" (69")	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5'10" (70")	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5'11" (71")	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6" (72")	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6'1" (73")	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6'2" (74")	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6'3" (75")	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279

Nutrition Management

- ✓ No additional cost
- ✓ 8-week program
- ✓ Telephone Counseling
- ✓ Much More...



For More Information

Visit:

www.corphealth.com/arwellness

Or Call:

866-378-1645

Who Can Help Me?

Benefit Coordinator under the ARHealth program

Health Advantage

P. O. Box 8069

Little Rock, AR 72203

Toll Free (800) 482-8416

E-mail (Arkansas State Retirees) customerserviceASE@arkbluecross.com

E-mail (Public School Retirees) customerservicePSE@arkbluecross.com

Web site address www.healthadvantage-hmo.com

Prescription Coverage for ARHealth Program

(Arkansas State Retirees and Public School Non Medicare Retirees Only)

NMHC Rx (National Medical Health Card Rx)

320 Executive Court, Suite 201

Little Rock, AR 72205

Toll Free (800) 880-1188

Web site address www.nmhcrx.com

Click on "contact us" and then go to "Member Services" to send an e-mail message.

NMHC Mail (Mail Order Pharmacy)

PO Box 407096

Ft. Lauderdale, FL 33340-7096

Toll Free (800) 881-1966

Web site address www.nmhcmail.com

Life Insurance

USAbLe Life

320 West Capitol, Suite 700

P.O. Box 1650

Little Rock, AR 72203

Toll Free Customer Service (800) 370-5854

Toll Free Life Claims (800) 648-0271

Local Office (501) 375-7200

Web site address www.usablelife.com

Behavioral Health, Mental Health & Substance Abuse

Corphealth

1701 Centerview Dr., Suite 101

Little Rock, AR 72211

Toll Free (866)-378-1645

E-mail customerservice@corphealth.com

Web site address www.corphealth.com/members/memberslogin.htm

General Benefit Information & Assistance

Employee Benefits Division (EBD)

(Mailing address)

P.O. Box 15610

Little Rock, AR 72231-5610

(Physical address)

501 Woodlane St., Ste 500

Little Rock, AR 72201

Phone Numbers

Toll Free (877) 815-1017

Local Office (501) 682-9656

Online



Public web site address www.arkansas.gov/dfa/ebd

ARBenefits System web site address..... www.ARBenefits.org

General e-mail address AskEBD@dfa.state.ar.us

What's Covered?

State and Public School Retirees with Medicare Primary

Medicare Does Not Pay		ARHealth Covers	
Part A Hospital Services			
Inpatient hospital deductible each benefit period		ARHealth pays the deductible	
Copayment per day for days 61-90 in a hospital		ARHealth pays the copayment per day	
Copayment per day for days 91-150 (Lifetime Reserve)		ARHealth pays the copayment per day	
100% of Medicare - Allowable expenses for additional 365 days after Medicare hospital benefits stop completely		ARHealth pays	
Calendar year blood deductible (First 3 Pints of Blood) if deductible is not met by the replacement of blood		ARHealth pays	
Copayment per day for days 21-100 in a Skilled Nursing Facility		ARHealth pays the copayment per day	
Part B Physician and Medical Services			
Part B deductible		ARHealth pays the deductible	
Normally 20% of Medicare-approved amount (Part B Coinsurance) and 20% of Medicare-approved charges for Durable Medical Equipment (After Part B Deductible Is Met)		ARHealth pays 20% of the Medicare-approved amount	
Medicare Part B excess charges 100% <i>(This benefit would apply when you receive services from a physician that does not accept Medicare assignment.)</i>		ARHealth pays 100% of the Part B excess charges when you receive services from a physician that does not accept Medicare.	
Additional Benefits Not Covered by Medicare		Arkansas State Retirees 	Public School Retirees 
At-home recovery benefits up to \$1,600 per calendar year		Not covered	Not covered
Benefits for medically necessary emergency care received in a foreign country		Not covered	Not covered
Basic outpatient prescription drug benefits		Covered with NMHCRx	Not covered (Option of taking Medicare Part D)
Vision screening (every 24 months) with a participating provider		\$25 Copayment	\$25 Copayment
Dental Screening (every 6 months) with a participating provider.		\$25 Copayment	\$25 Copayment

State and Public School Non-Medicare Retirees

Covered Benefits & Services* for Non-Medicare Retirees	Retirees Non-Medicare Primary		
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance**
Deductible - Individual	None	None	\$500
Deductible - Family	None	None	\$1,000
<ul style="list-style-type: none"> Deductible is the amount that you must pay each plan year for out-of-network services before the Plan pays benefits. Deductible is assessed based on the maximum allowance set by EBD for services provided and is calculated in the order that claims are received and processed, not the order of service. 			
Lifetime Maximum	None	None	\$1,000,000
<ul style="list-style-type: none"> Maximum Plan Benefits is the most the Plan will pay for all covered expenses for you or your covered dependents. 			
Annual Coinsurance Limit - Individual	Unlimited	\$1,000	\$4,000
Annual Coinsurance Limit - Family - Two family members have to meet their individual out-of-pocket expenses	Unlimited	\$1,500	\$8,000
<ul style="list-style-type: none"> Annual Coinsurance Limit is the maximum amount of coinsurance payments you are required to make for covered services or supplies in a plan year. Copayments, deductibles and amounts you may have to pay in excess of contract benefit limits do not contribute to the annual coinsurance limit. 			
Allergy Services			
Injection with no office visit	\$0	0%	30% after deductible
Services by Specialty Providers (office visit and testing)	\$25	0%	30% after deductible
Ambulance Services			
Ground and Air Ambulance (limited to \$1000 per Member per Plan Year and does not include charges for emergency medications during transport)	\$0	0%	30% after deductible
Dental Care Services (See Also Preventative Care Services p. 11)			
Damage to non-diseased teeth due to accident/injury	\$25	0%	30% after deductible
Coverage is provided for the following dental services in an outpatient setting: <ul style="list-style-type: none"> Treatment and x-rays necessary to correct damage to non-diseased teeth or surrounding tissue caused by an accident or Sjogren's syndrome occurring on or after effective date of coverage. Member must seek treatment within seventy-two (72) hours of injury for services to be covered. Treatment or correction of a non-dental physiological condition caused by Sjogren's syndrome. Injury that has resulted in severe functional impairment. Treatment for tumors and cysts requiring pathological examination of the jaws, cheeks, lips, tongue, roof and floor of the mouth. Removal of impacted or partially impacted wisdom teeth. Pre-treatment dental services in connection with the treatment of cancer of the head or neck. 			

*Some services may require pre-authorization. Contact your benefit coordinator for verification.

**Out-of-Network benefits may apply when you visit an out-of-network physician or hospital.

Covered Benefits & Services* for Non-Medicare Retirees	Retirees Non-Medicare Primary		
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance**
Diabetes Management Services (Not Subject to DME/Medical Supplies annual maximum)			
Insulin Pump, Insulin Pump Supplies, Glucometers and Glucometer Supplies	20%	0%	30% after deductible
Diabetic Supplies , Insulin, Insulin Syringes and Lancets (if purchased together)	Prescription Card	Prescription Card	Prescription Card
Diabetic Self Management Training	\$25 per program	0%	30% after deductible
Durable Medical Equipment (DME) and Medical Supplies			
Durable Medical Equipment (DME) and Medical Supplies	\$0	20%	30% after deductible
<ul style="list-style-type: none"> Coverage is provided for durable medical equipment that is medically necessary. Durable Medical Repairs of equipment purchased by the plan must be pre-approved by your benefit coordinator and providercontracted with their network. The plan does not provide benefits for durable medical equipment that is for patient convenience. Limited to \$10,000 annual maximum. 			
Emergency Care Services			
Emergency Room Visit, Urgent Care Center, Observation Services	\$100	0%	0%
<ul style="list-style-type: none"> Medical emergency means the sudden onset of a medical condition with symptoms severe enough to cause a prudent person to believe that lack of immediate medical attention could result in serious jeopardy to his/her health, the health of an unborn child, impairment of a bodily function or dysfunction of any bodily organ or part. You may contact the toll free number listed on your health identification card for a participating facility or physician in the event of an emergency outside of the service area. 			
Home Health Services			
Nursing visits are limited to 120 visits per Member per Plan Year	\$0	0%	30% after deductible
<ul style="list-style-type: none"> Coverage is provided for home health visit services when your medical condition supports the need for in-home service and is approved by your benefit coordinator or EBD, and such care is prescribed, authorized or ordered by an in-network physician and provided by an in-network home health agency, for in-network benefits to be applied. . 			
Home Intravenous (IV) Drugs and Solutions			
Home Intravenous (IV) Drugs and Solutions	\$0	10%	30% after deductible
<ul style="list-style-type: none"> Coverage is provided for home intravenous (IV) drugs and solutions when ordered by an in-network physician. Some medications may require prior authorization for coverage by the benefit coordinator. You may contact your benefit coordinator's customer service department or EBD to verify if a medication requires prior authorization for coverage. You are responsible for the appropriate coinsurance. 			

*Some services may require pre-authorization. Contact your benefit coordinator for verification.

**Out-of-Network benefits may apply when you visit an out-of-network physician or hospital.

Covered Benefits & Services* for Non-Medicare Retirees		Retirees Non-Medicare Primary		
		In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance**
Hospice Care				
Hospice Care		\$0	0%	30% after deductible
<ul style="list-style-type: none"> • Must be pre-approved by benefit coordinator or EBD. • Coverage is provided for Hospice services when prescribed or authorized by an in-network physician and pre-approved by the benefit coordinator or EBD. 				
Hospital Services (Including Physician Services)				
Inpatient Services				
Inpatient Services (Semi-private room) Copayment charged per admission for the HMO and POS plans except in case of direct transfer to another facility (Maximum of 3 Copayments per Member Per Plan Year)		\$250 per admission	10%	30% after deductible
<ul style="list-style-type: none"> • Coverage is provided for inpatient services when medically necessary and preapproved by your benefit coordinator, provided by an in-network physician and in-network facility. • If you select a private room you are responsible for the difference in a private room and a semi-private room. 				
Outpatient Services				
Diagnostic Services - Lab and X-ray (Services and procedures performed outside the PCP office)		\$0	10%	30% after deductible
Outpatient Surgical Services (Facility Copayment applies)		\$100	0%	30% after deductible
<ul style="list-style-type: none"> • Coverage is provided for outpatient services when determined by your benefit coordinator or EBD to be medically necessary and provided by an in-network physician and in-network facility. 				
Injectable Medications				
Medications when covered by benefit coordinator (Subject to exclusions and limitations)		Office Copayment may apply	10%	30% after deductible
<ul style="list-style-type: none"> • Coverage is provided for home intravenous (IV) drugs and solutions, when ordered by an in-network physician. • Some medications may require prior authorization for coverage by the benefits coordinator. • You may contact customer service to verify if a medication requires prior authorization for coverage. You are responsible for the appropriate coinsurance. 				

*Some services may require pre-authorization. Contact your benefit coordinator for verification.

**Out-of-Network benefits may apply when you visit an out-of-network physician or hospital.

Covered Benefits & Services* for Non-Medicare Retirees	Retirees Non-Medicare Primary		
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance**
Maternity and Family Planning Services			
Prenatal and Postnatal outpatient care (Copayment first visit only)	\$20	10%	30% after deductible
Inpatient Maternity Services (Copayment per admission)	\$250 per admission	10%	30% after deductible
<ul style="list-style-type: none"> Hospital Length of Stay for Childbirth: This Plan complies with federal law that prohibits restricting benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a cesarean section. 			
Infertility Diagnostic evaluation and testing (Treatment for infertility is not a covered benefit under this plan. Infertility is covered up to diagnosis.)	\$25	0%	30% after deductible
Infertility Testing (outpatient surgery Copayment may apply)	\$0	0%	30% after deductible
Mental Health, Behavioral Health and Substance Abuse Treatment Services and Employee Assistance Program (EAP)			
<ul style="list-style-type: none"> These services are a benefit provided to health plan members by the mental and behavioral health benefit coordinator listed in the Contact section. All services must be pre-authorized. See the back of your insurance card for details. 			
Organ Transplant Services - must be pre-authorized by benefit coordinator			
Two transplants per Member per Lifetime	\$250 per admission	0%	Not Covered
<ul style="list-style-type: none"> Up to \$10,000 lifetime limit for travel and lodging when in conjunction with transplant services. Coverage is provided for transplant services subject to the benefit maximums and requirements. Transplant services MUST be provided in-network. In order to be eligible for coverage, you must notify your benefits coordinator prior to receiving any transplant services, including transplant evaluation. The benefits coordinator must coordinate all transplant services, including transplant evaluation. If you have specific questions about your transplant benefits, contact your benefits coordinator. 			
Ostomy Supplies (for 3 month supply)			
Limited to a 3-month supply and for maximum benefits these should be obtained through a durable medical equipment provider that is contracted with your benefit coordinator.	\$0	10%	30% after deductible
<ul style="list-style-type: none"> You may access a list of participate durable medical equipment providers by contacting your benefit coordinator. 			

*Some services may require pre-authorization. Contact your benefit coordinator for verification.

**Out-of-Network benefits may apply when you visit an out-of-network physician or hospital.

Covered Benefits & Services* for Non-Medicare Retirees		Retirees Non-Medicare Primary		
		In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance**
Pharmacy Benefit				
Prescription coverage amounts	\$5 Co-pay Prilosec OTC \$10 Co-pay Generic \$25 Co-pay Preferred Drugs \$50 Non-preferred Non-covered drugs 100% member responsibility			
Preventive Care Services				
Dental Screenings - One (1) every six (6) months.	\$25		0%	Not Covered
Preventive Care: first dollar coverage with no copayment, coinsurance or deductible.	\$0		0%	Not Covered
• See Preventative Care chart in this publication for additional coverage detail.				
Vision Screenings - One (1) every twenty-four (24) months	\$25		0%	Not Covered
Professional Services				
Primary Care Physician Visits	\$20		0%	30% after deductible
Specialist Visits/Specialty Care Services	\$25		0%	30% after deductible
Other Physician Services related to care provided during hospitalization	\$0		10%	30% after deductible
• Copayments are a set dollar amount you pay for certain services while the Plan pays the rest of the cost of that service.				
Prosthetic and Orthotic Devices				
Coverage is provided for (1) prosthetic devices that aid in bodily functioning or replace a limb after an accident or surgical loss and (2) orthotic devices used for correction or prevention of skeletal deformities.	\$0		20%	30% after deductible
<ul style="list-style-type: none">• Must be authorized by your benefit coordinator and EBD and prescribed by a plan physician and determined to be medically necessary.• The provider of the appliance must be contracted by your benefit coordinator.• In order for the device to be covered it must be an appliance that is defined by the Medicare DME Manual.• Repair or replacement of devices due to normal growth or wear is a covered benefit• Maintenance and repairs resulting from misuse or abuse are the responsibility of the Member.• You are limited to \$15,000 in prosthetic benefits per plan year.				

*Some services may require pre-authorization. Contact your benefit coordinator for verification.

**Out-of-Network benefits may apply when you visit an out-of-network physician or hospital.

Covered Benefits & Services* for Non-Medicare Retirees	Retirees Non-Medicare Primary		
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance**
Reconstructive Surgery			
Correct defects due to accident or surgery.	Applicable Copayment	10%	30% after deductible
<ul style="list-style-type: none"> Children 12 years and under for specific conditions. Coverage is provided for reconstructive surgery when medically necessary and authorized by your benefit coordinator and EBD and performed by an in-network physician. If you are considering reconstructive surgery, contact your benefit coordinator and Employee Benefits Division for confirmation of what is covered. The circumstances for coverage are very limited. 			
Rehabilitation Services			
Inpatient Rehabilitation Services (Limited to 60 days per Member per Plan Year)	\$250 per admission	10%	30% after deductible
<ul style="list-style-type: none"> Coverage is provided for inpatient rehabilitation services, including professional services, when medically necessary and authorized by your benefit coordinator and EBD, ordered by a plan physician and provided in an in-network facility. 			
Outpatient Rehabilitation Services - Physical, Occupational, and Speech Therapy: Chiropractic Services (Limited to 15 visits for each therapy per member per plan year)	\$ 0	20%	30% after deductible
<ul style="list-style-type: none"> Cardiac Rehabilitation benefits will be applied based on medical necessity and utilization management criteria. Coverage is provided for these services based on medical necessity, determined by your benefit coordinator and EBD, and when arranged, authorized and provided by a plan physician or plan facility. The plan does not provide benefits for maintenance therapy. Maintenance Therapy refers to therapy in which you actively participate that is provided to you after no continued significant and measurable improvement is reasonably or medically anticipated. 			
Skilled Nursing Facility			
Limited to 60 Days per Member per Plan Year	\$250	10%	30% after deductible
<ul style="list-style-type: none"> Services are allowed when approved by your benefit coordinator or EBD, determined to be medically necessary and authorized or arranged by a plan physician and provided in an in-network facility. 			
TMJ - Temporomandibular Joint (TMJ) Dysfunction			
Covered when diagnosed as a medical condition (\$500 Lifetime Maximum per Member)	\$20 PCP \$25 Specialist	Applicable Coinsurance will apply if a procedure is performed	30% after deductible
<ul style="list-style-type: none"> Coverage is provided and approved by your benefit coordinator or EBD and determined to be medically necessary treatment of temporomandibular joint dysfunction when provided by a plan physician. Claims are subject to the applicable, copayments, coinsurance and deductibles. 			

*Some services may require pre-authorization. Contact your benefit coordinator for verification.

**Out-of-Network benefits may apply when you visit an out-of-network physician or hospital.

What Else Comes With Those Plans?

Wellness Screening Benefit

As an Arkansas State or Public School Retiree, who is not Medicare Primary, you have a preventative health care benefit which includes NO COST annual medical examinations for adults and covered dependent children. These services are not subject to a co-payment or deductible if obtained from an in-network provider. NOTE: Some benefits are limited. Please refer to the Summary Plan Description available from EBD, or contact your benefit coordinator for complete details.

Examples of services covered under this benefit are: annual wellness examination, routine gynecological examination, well child care, prostate specific antigen testing, colorectal cancer screening, colonoscopy, immunizations, cholesterol and HDL screening, some cancer screenings, and screening mammograms.

Note: Preventative dental and vision screenings are available for a \$25 copayment (see p. 11).

Please see complete list of covered services and additional details in the Summary Plan Description (SPD) booklets available from the Employee Benefits Division and online at www.ARBenefits.org.

The following criteria must be met to take advantage of this benefit:

1. Use in-network physicians and facilities– review your benefit coordinator’s provider directory for an up-to-date list of participating providers
2. Get the preventative services from the following types of physicians only:
 - Primary Care Physician (PCP)
 - o General Practitioner
 - o Family Practitioner
 - o Pediatrician (for children)
 - o Internal Medicine Physician
 - Obstetrician/Gynecologist (Ob/Gyn)
3. Preventative services must be claimed separately from non-preventative services in order to be paid with no co-payment or co-insurance. Do not combine your annual wellness visit with services that are not preventative or screening in nature.

Use of these services and the associated cost to the health plan will not count against any deductible or annual out-of-pocket limit. Please note that vision and dental is not included in this free benefit.

**For Medicare primary retirees, the ARHealth plan will coordinate benefits with Medicare*

What If I'm Just Thinking About Retirement?

Upon retirement from your agency or district, you and your dependents are eligible to continue health coverage through several options which are outlined in detail below. *The necessary forms must be submitted to Employee Benefits Division within 31 days of your retirement date.*

OPTION A – Health and Life Insurance Continuation under Retirement System

If you are eligible for a retirement benefit from one of the participating retirement systems*, you may continue your current health coverage in the retirement group by having the insurance premium deducted from your retirement check. Complete the form titled "Retiree Payroll Deduction Authorization" enclosed in this packet. This is the form that notifies us of your intention to continue your health insurance. Mail completed form to the Employee Benefits Division at the mailing address listed on the top. If your retirement benefit amount is inadequate to cover the insurance premiums, you will also be asked to set up a bank draft by completing the enclosed form, "Authorization Agreement for Pre-Authorization Payments."

OPTION B – COBRA Continuation ONLY

The Consolidated Omnibus Reconciliation Act of 1985 (COBRA) allows for continuation of health benefits after termination or retirement. If you are not eligible for retirement benefits from one of the participating retirement systems* and would like to retain your current health benefits, you may continue your health insurance for a period of 18 months as a COBRA Continuant. If you have not received a COBRA Election Form in the mail within 14 days of your last date of employment, please contact the Employee Benefits Division at (877) 815-1017.

OPTION C – COBRA until retirement benefits begin

If you are eligible for retirement (i.e. have enough years of service) but will not immediately receive a retirement benefit, you may choose health insurance coverage under COBRA for a maximum of 18 months (or until you are eligible to receive a retirement check if within the 18 month period). To enroll under COBRA, please read and complete the COBRA Election form that will be mailed to your home. When your retirement benefit begins, you may change to the retirement group by contacting the Employee Benefits Division.

NOTE: *It is the responsibility of the retiree to notify the Employee Benefits Division at least two (2) months before COBRA expires in order to make arrangements to change to the regular retiree group health insurance program.*

OPTION D – COBRA when retirement benefits are available

If you are eligible for retirement benefits from one of the participating retirement systems* when you retire, you may continue your health insurance through COBRA if you so choose. COBRA payments are made by bank draft. A bank draft payment is established by completing the "Authorization Agreement for Pre-Authorization Payments" included in this booklet. At the end of your COBRA benefit eligibility period (18 months) you will need to change to the retiree insurance group in order to continue your health insurance. It is very important to remember that you must remain on COBRA and make timely payments for the entire eligibility period to be eligible to begin insurance through the retirement system when COBRA coverage ends.

NOTE: *It is the responsibility of the retiree to notify the Employee Benefits Division at least two (2) months before COBRA expires in order to make arrangements to change to the regular retiree group health insurance program.*

OPTION E – Waiver of Enrollment

If you do not wish to continue the Health Insurance coverage at all, please complete the "Waiver Form" and then sign and date. Once completed, that form should be sent directly to Employee Benefits Division.

*Participating Retirement Systems are: Arkansas Public Employees Retirement System, Arkansas Teacher Retirement System, Judicial Retirement System, Arkansas Highway and Transportation Department Retirement System, and Alternative Retirement System.

How Much Will It Cost Me? (Public School Retirees)

Public School Health Plan Rates for Retirees not Medicare Primary

Effective January 1, 2007 - December 31, 2007, Self-Insured Health Plan

ARHealth	Total Monthly Premium	Less Subsidy	Total Monthly Retiree Cost
Retiree Only Not Medicare Eligible	\$587.66	(\$157.70)	\$429.96
Retiree Not Medicare Eligible and Spouse Not Medicare	\$1,149.41	(\$157.70)	\$991.71
Retiree Not Medicare Eligible and Child(ren)	\$931.33	(\$157.70)	\$773.63
Retiree Not Medicare Eligible and Spouse Not Medicare and Child(ren)	\$1,724.96	(\$157.70)	\$1,567.26
Retiree Not Medicare Eligible and Spouse Medicare	\$717.37	(\$157.70)	\$559.67
Retiree Not Medicare Eligible and Spouse Medicare and Child(ren)	\$1,062.22	(\$157.70)	\$904.52

Public School Health Plan Rates for Retirees Medicare Primary

Effective January 1, 2007 - December 31, 2007, Self-Insured Health Plan

ARHealth	Total Monthly Premium	Less Subsidy	Total Monthly Retiree Cost
Retiree Only Medicare Eligible	\$136.74	(\$111.64)	\$25.10
Retiree Medicare Eligible and Spouse Not Medicare	\$702.79	(\$111.64)	\$591.15
Retiree Medicare Eligible and Child(ren)	\$467.48	(\$111.64)	\$355.84
Retiree Medicare Eligible and Spouse Not Medicare and Child(ren)	\$1,033.52	(\$111.64)	\$921.88
Retiree Medicare Eligible and Spouse Medicare	\$258.48	(\$111.64)	\$146.84
Retiree Medicare Eligible and Spouse Medicare and Child(ren)	\$589.21	(\$111.64)	\$477.57

Public School Health Plan Options & Rates for COBRA

Effective October 1, 2006 - September 30, 2007, Self-Insured Health Plan

	NO HRA	WITH HRA COMPLETED				
	Total Monthly Premium	Healthy Discount Level I	Healthy Discount Level II	Two Healthy Discounts Level I	One Healthy Discount Level One & One Level II	Two Healthy Discounts Level II
Employee Only						
BCBS PPO	\$404.13	\$394.13	\$384.13	N/A	N/A	N/A
NovaSys PPO	\$393.49	\$383.49	\$373.49	N/A	N/A	N/A
Health Advantage POS	\$359.85	\$349.85	\$339.85	N/A	N/A	N/A
NovaSys POS	\$349.07	\$339.07	\$329.07	N/A	N/A	N/A
QualChoice POS	\$407.64	\$397.64	\$387.64	N/A	N/A	N/A
Health Advantage HMO	\$349.16	\$339.16	\$329.16	N/A	N/A	N/A
NovaSys HMO	\$337.81	\$327.81	\$317.81	N/A	N/A	N/A
QualChoice HMO	\$384.37	\$374.37	\$364.37	N/A	N/A	N/A
NovaSys HD PPO	\$283.67	\$273.67	\$263.67	N/A	N/A	N/A
Employee & Spouse						
BCBS PPO	\$1,076.58	\$1,066.58	\$1,056.58	\$1,056.58	\$1,046.58	\$1,036.58
NovaSys PPO	\$1,065.91	\$1,055.91	\$1,045.91	\$1,045.91	\$1,035.91	\$1,025.91
Health Advantage POS	\$952.98	\$942.98	\$932.98	\$932.98	\$922.98	\$912.98
NovaSys POS	\$942.18	\$932.18	\$922.18	\$922.18	\$912.18	\$902.18
QualChoice POS	\$1,086.27	\$1,076.27	\$1,066.27	\$1,066.27	\$1,056.27	\$1,046.27
Health Advantage HMO	\$923.15	\$913.15	\$903.15	\$903.15	\$893.15	\$883.15
NovaSys HMO	\$911.83	\$901.83	\$891.83	\$891.83	\$881.83	\$871.83
QualChoice HMO	\$1,021.36	\$1,011.36	\$1,001.36	\$1,001.36	\$991.36	\$981.36
NovaSys HD PPO	\$728.39	\$718.39	\$708.39	\$708.39	\$698.39	\$688.39
Employee & Child(ren)						
BCBS PPO	\$695.98	\$685.98	\$675.98	N/A	N/A	N/A
NovaSys PPO	\$685.33	\$675.33	\$665.33	N/A	N/A	N/A
Health Advantage POS	\$616.21	\$606.21	\$596.21	N/A	N/A	N/A
NovaSys POS	\$605.44	\$595.44	\$585.44	N/A	N/A	N/A
QualChoice POS	\$702.30	\$692.30	\$682.30	N/A	N/A	N/A
Health Advantage HMO	\$597.00	\$587.00	\$577.00	N/A	N/A	N/A
NovaSys HMO	\$585.65	\$575.65	\$565.65	N/A	N/A	N/A
QualChoice HMO	\$660.32	\$650.32	\$640.32	N/A	N/A	N/A
NovaSys HD PPO	\$473.60	\$463.60	\$453.60	N/A	N/A	N/A
Employee & Family						
BCBS PPO	\$1,083.81	\$1,073.81	\$1,063.81	\$1,063.81	\$1,053.81	\$1,043.81
NovaSys PPO	\$1,073.16	\$1,063.16	\$1,053.16	\$1,053.16	\$1,043.16	\$1,033.16
Health Advantage POS	\$959.78	\$949.78	\$939.78	\$939.78	\$929.78	\$919.78
NovaSys POS	\$949.00	\$939.00	\$929.00	\$929.00	\$919.00	\$909.00
QualChoice POS	\$1,093.60	\$1,083.60	\$1,073.60	\$1,073.60	\$1,063.60	\$1,053.60
Health Advantage HMO	\$929.87	\$919.87	\$909.87	\$909.87	\$899.87	\$889.87
NovaSys HMO	\$918.55	\$908.55	\$898.55	\$898.55	\$888.55	\$878.55
QualChoice HMO	\$1,028.45	\$1,018.45	\$1,008.45	\$1,008.45	\$998.45	\$988.45
NovaSys HD PPO	\$733.16	\$723.16	\$713.16	\$713.16	\$703.16	\$693.16

How Much Will It Cost Me? (State Retirees)

Arkansas State Health Plan Rates for Retirees not Medicare Primary

Effective January 1, 2007 - December 31, 2007, Self-Insured Health Plan

ARHealth	Total Monthly Premium	Less State Contribution	Total Monthly Retiree Cost
Retiree Only Not Medicare Eligible	\$589.13	(\$419.17)	\$169.96
Retiree Not Medicare Eligible and Spouse Not Medicare	\$1,152.30	(\$700.75)	\$451.55
Retiree Not Medicare Eligible and Child(ren)	\$933.69	(\$591.45)	\$342.24
Retiree Not Medicare Eligible and Spouse Not Medicare and Child(ren)	\$1,729.80	(\$989.50)	\$740.30
Retiree Not Medicare Eligible and Spouse Medicare	\$881.54	(\$565.37)	\$316.17
Retiree Not Medicare Eligible and Spouse Medicare and Child(ren)	\$1,273.02	(\$761.11)	\$511.91

Arkansas State Health Plan Rates for Retirees Medicare Primary

Effective January 1, 2007 - December 31, 2007, Self-Insured Health Plan

ARHealth	Total Monthly Premium	Less State Contribution	Total Monthly Retiree Cost
Retiree Only Medicare Eligible	\$298.02	(\$212.04)	\$85.98
Retiree Medicare Eligible and Spouse Not Medicare	\$864.07	(\$495.07)	\$369.00
Retiree Medicare Eligible and Child(ren)	\$628.76	(\$377.41)	\$251.35
Retiree Medicare Eligible and Spouse Not Medicare and Child(ren)	\$1,239.48	(\$682.77)	\$556.71
Retiree Medicare Eligible and Spouse Medicare	\$581.05	(\$353.56)	\$227.49
Retiree Medicare Eligible and Spouse Medicare and Child(ren)	\$911.78	(\$518.92)	\$392.86

Arkansas State Health Plan Options & Rates for COBRA

Effective January 1, 2007 - December 31, 2007, Self-Insured Health Plan

	No HRA	HRA Discounts				
	Total Monthly Premium	Healthy Discount Level I	Healthy Discount Level II	Two Healthy Discounts Level I	One Healthy Discount Level I & Level II	Two Healthy Discounts Level II
Employee Only						
BCBS PPO	\$479.13	\$469.13	\$459.13	N/A	N/A	N/A
NovaSys PPO	\$470.69	\$460.69	\$450.69	N/A	N/A	N/A
Health Advantage POS	\$356.37	\$346.37	\$336.37	N/A	N/A	N/A
NovaSys POS	\$348.82	\$338.82	\$328.82	N/A	N/A	N/A
QualChoice POS	\$395.96	\$385.96	\$375.96	N/A	N/A	N/A
Health Advantage HMO	\$348.55	\$338.55	\$328.55	N/A	N/A	N/A
NovaSys HMO	\$341.01	\$331.01	\$321.01	N/A	N/A	N/A
QualChoice HMO	\$381.48	\$371.48	\$361.48	N/A	N/A	N/A
NovaSys HD PPO	\$303.27	\$293.27	\$283.27	N/A	N/A	N/A
Employee & Spouse						
BCBS PPO	\$1,143.38	\$1,133.38	\$1,123.38	\$1,123.38	\$1,113.38	\$1,103.38
NovaSys PPO	\$1,123.10	\$1,113.10	\$1,103.10	\$1,103.10	\$1,093.10	\$1,083.10
Health Advantage POS	\$848.74	\$838.74	\$828.74	\$828.74	\$818.74	\$808.74
NovaSys POS	\$830.63	\$820.63	\$810.63	\$810.63	\$800.63	\$790.63
QualChoice POS	\$943.72	\$933.72	\$923.72	\$923.72	\$913.72	\$903.72
Health Advantage HMO	\$829.97	\$819.97	\$809.97	\$809.97	\$799.97	\$789.97
NovaSys HMO	\$812.51	\$802.51	\$792.51	\$792.51	\$782.51	\$772.51
QualChoice HMO	\$908.98	\$898.98	\$888.98	\$888.98	\$878.98	\$868.98
NovaSys HD PPO	\$721.24	\$711.24	\$701.24	\$701.24	\$691.24	\$681.24
Employee & Child(ren)						
BCBS PPO	\$714.22	\$704.22	\$694.22	N/A	N/A	N/A
NovaSys PPO	\$701.56	\$691.56	\$681.56	N/A	N/A	N/A
Health Advantage POS	\$530.07	\$520.07	\$510.07	N/A	N/A	N/A
NovaSys POS	\$518.75	\$508.75	\$498.75	N/A	N/A	N/A
QualChoice POS	\$589.44	\$579.44	\$569.44	N/A	N/A	N/A
Health Advantage HMO	\$518.32	\$508.32	\$498.32	N/A	N/A	N/A
NovaSys HMO	\$507.23	\$497.23	\$487.23	N/A	N/A	N/A
QualChoice HMO	\$567.71	\$557.71	\$547.71	N/A	N/A	N/A
NovaSys HD PPO	\$450.37	\$440.37	\$430.37	N/A	N/A	N/A
Employee & Family						
BCBS PPO	\$1,267.04	\$1,257.04	\$1,247.04	\$1,247.04	\$1,237.04	\$1,227.04
NovaSys PPO	\$1,244.64	\$1,234.64	\$1,224.64	\$1,224.64	\$1,214.64	\$1,204.64
Health Advantage POS	\$941.70	\$931.70	\$921.70	\$921.70	\$911.70	\$901.70
NovaSys POS	\$921.71	\$911.71	\$901.71	\$901.71	\$891.71	\$881.71
QualChoice POS	\$1,046.62	\$1,036.62	\$1,026.62	\$1,026.62	\$1,016.62	\$1,006.62
Health Advantage HMO	\$921.00	\$911.00	\$901.00	\$901.00	\$891.00	\$881.00
NovaSys HMO	\$901.74	\$891.74	\$881.74	\$881.74	\$871.74	\$861.74
QualChoice HMO	\$1,008.23	\$998.23	\$988.23	\$988.23	\$978.23	\$968.23
NovaSys HD PPO	\$800.90	\$790.90	\$780.90	\$780.90	\$770.90	\$760.90

How Do I Make Changes?

Manual Changes

See Change and Waiver Forms in the back of this booklet. Fill out by hand, sign and return to Employee Benefits Division by October 31st.

Online Benefit Changes and Information

EBD has implemented a health insurance self service module through a system called "ARBenefits." This is the preferred and recommended method of making a change to your Plan. Completing this task online is the most efficient way.

Go to www.ARBenefits.org to complete online changes. If you are new to ARBenefits online, you will need to complete the online registration by clicking on the New User link. A User ID and password will be assigned to you after you have entered all the necessary information and accepted the terms and conditions. Once those are received, you will have immediate access to complete your enrollment or change for the 2007 plan year. You **must** print a copy of your changes, sign and send in to Employee Benefits Division by October 31, 2006. This allows us to approve your request and make the appropriate updates.

Other features available for you at www.ARBenefits.org:

- Search for Primary Care Physicians (PCPs) in your plan's network.
- Print Benefit Confirmation sheets so that you have a hard copy of your current benefit selections.
- Access to up-to-date information about your health benefits such as announcements, forms and publications.

But I Have A Question!

Are the network providers in my current plan remaining the same?

The ARHealth Retiree plan is currently contracted with Health Advantage who has the largest network in and outside of the state. The ARHealth Retiree plan also includes recently added hospitals, University of Arkansas for Medical Sciences (UAMS) and St. Vincent, as well as Cooper Clinic, P.A. in Fort Smith.

How is the Arkansas State and Public School ARHealth plan different from the other plans?

- You have open access, which means that you may self-refer to a physician that is in-network and still receive in-network benefits. Out-of-Network benefits are only applied if you receive services from a non-participating provider.
- You will pay a \$20 copayment (PCP) for services provided by one of the following in-network doctors in their office, with no deductible.
 - General Practitioners
 - Family Practitioners
 - Internal Medicine
 - Pediatricians
- You will pay a \$25 copayment (Specialist) for services provided by an in-network specialist in their office, with no deductible.
- ARHealth Retiree members will be able to utilize the Health Advantage network of physicians and facilities.
- If you use an out of state participating Blue Cross provider, you will not be charged the difference between the amount billed by the provider and the Blue Cross-allowed amount. You will be responsible for the deductible, coinsurance or copayment amounts.

Do I have prescription drug coverage through the ARHealth Retiree plan if I am Medicare Primary?

- If you are a Public School Retiree you will lose prescription drug coverage if on Medicare. You may want to consider enrolling in Medicare Part D or another prescription drug program.
- If you are an Arkansas State Retiree you will

continue to have prescription drug coverage through the ARHealth Retiree plan.

Retirement

What are the retirement insurance eligibility rules?

- Are you participating in one of the five (5) retirement plans – APERS, ATRS, Highway, Judicial or Alternate? If yes,
- To be eligible you must have been participating in the group health insurance coverage, or was eligible to participate in the group health insurance coverage on the last day as an active employee. If yes,
- You must apply within 31 days of becoming an active retiree to participate in the group health insurance program. If the retiree does not want to participate in the group health insurance program, they must sign a Waiver of Enrollment form indicating their wish to not participate within 31 days of becoming an active retiree.
- If the retiree declines to participate in the group health insurance program, that decision is final.
- EXCEPTION-LOSS OF ELIGIBILITY. If the retiree is an active retiree and declined coverage from the group health insurance program within thirty-one (31) days of retirement and specified in writing that the reason for the declination of coverage was because he/she (the active retiree) had coverage through another employer group health plan, and later his insurance coverage is terminated because of loss of eligibility, then the retiree and any dependents shall qualify for coverage in the State sponsored program provided the active retiree applies for coverage within thirty-one (31) days of the loss of eligibility. Examples of when loss of eligibility may occur is termination of employment, decrease in the number of hours worked, marriage, divorce or adoption of a child. An example of when loss of eligibility is not applicable is non-payment of premium and termination for cause. A person may not always lose eligibility for insurance coverage through one of the above-cited circumstances, but frequently they do.

- EBD advises retirees to seriously consider participating in the group health insurance offered to them as an active retiree of one of the five retirement programs. If the retiree declines to participate in group health insurance coverage within 31 days of becoming an active retiree, he must qualify for a loss of eligibility as cited above to become active in the group health insurance program.
- If the retiree is currently employed and the employer offers group health insurance coverage, the retiree may enroll in his current employer plan and drop insurance coverage with the Arkansas State and Public School Employees Group Health Insurance. The retiree may then reinstate insurance coverage with the Arkansas State and Public School Employees Group Health Insurance in the future if he/she experiences the loss of eligibility.

What if I take early retirement and do not qualify for retirement benefits?

- You are only eligible to continue the health insurance coverage as a COBRA participant. Once your COBRA has ended (18 months) and you are eligible to participate in one of the retirement plans, you may enroll at that time.

How do I enroll in the retirement health insurance program?

- You must complete an Arkansas State Employee Payroll Deduction Authorization Form and send it to EBD within the 31 day election period. (See enclosed rates for Medicare, Non-Medicare and COBRA.)
- If you are declining coverage at this time, you must complete a Waiver Form. This form must be sent to EBD within the 31 day election period.

What continued health coverage benefits will my covered dependents have should I die?

Surviving covered dependents (excluding children ages 19 and up) of an insured retiree may continue the group health insurance coverage regardless of their option for survivor's benefits. The premiums for this coverage may be deducted from the survivor's benefits if applicable. If no survivor's check is due, the surviving covered dependents will pay premiums directly to EBD on a monthly basis

by bank draft only.

Who should be notified of the death of a retiree or dependent?

- EBD should be notified immediately upon the death of a retiree or covered dependent so that we can terminate coverage on that member and notify all benefit coordinators. At this time we would initiate the paperwork if there is to be a reduction in premiums.
- Upon notification of the death of a retiree, EBD will send out a Surviving Dependent letter to any covered dependents on the retiree's plan extending the opportunity for them to continue to be covered under the State and Public School Retirement Health Program.

If I am eligible for Medicare, do I have to carry both Part A and Part B as a retiree?

YES. Retirees who are eligible for Medicare must carry Part B (physician). The benefit coordinator will coordinate benefits as if Part B is in force. This means that coverage under government programs, including Medicare, required or provided by any statute unless coordination of benefits with any such program is forbidden by law. Subscribers and Dependents who are eligible for Medicare must have both Part A and B. If a member eligible for Medicare does not have Medicare Part B, the plan will pay as though the member does have Medicare Part B and the member will have full financial responsibility for claims incurred.

NOTE: The general Medicare Open Enrollment period is from January through March each year for a July 1st effective date. Retirees without Medicare Part B should contact the Social Security Administration (at 1-800-772-1213) about obtaining Part B coverage. Medicare Part B premiums are monthly and may increase up to 10% for each 12 month period that you could have had Part B but did not sign up for it (there are some special exceptions).

If I am not eligible for Medicare at the time of retirement, but become eligible at a later date, how do I get the reduced premiums?

You need to send EBD a copy of your Medicare card as soon as you receive it so that we can make the proper adjustments to your account. If you are a Public School Retiree you will lose prescription

drug coverage and may want to consider enrolling in Medicare Part D or another prescription drug program.

NOTE: Certificate of Creditable Coverage (COCC) statement on back cover of this publication.

For other questions or concerns, please refer to page 4, “Who Can Help Me?” Contact the companies listed there, or the Employee Benefits Division, for assistance.

**What if I find my deductions are not correct?
Will I get a refund?**

- Medicare primary rates will go into effect the first of the month following EBD’s receipt of a copy of your Medicare card.
- You need to check your deductions periodically as EBD’s policy is to not refund back further than 60 days.

What are the participating retirement systems?

- Arkansas Public Employees Retirement System (APERS)
- Arkansas Teacher Retirement System (ATRS)
- Judicial Retirement System
- Arkansas Highway Retirement System
- Alternative Retirement System

What if my annuity check is not large enough for my insurance premiums?

EBD will set you up as a Cash Retiree and your premiums can only be made by bank draft.

When can I make plan changes?

- The only opportunity for a Retiree to add dependents (other than newly acquired) is if there is a loss of coverage (qualifying or family status change event).

Will I still be covered by life insurance when I retire?

- If you have questions about retaining Life Insurance after you retire, contact USABLE Life at 1-800-370-5856.

Who do I contact to file a life insurance claim if a retiree or dependent dies?

- USABLE Life needs to be contacted directly at 1-800-370-5856.
- If you need to change a beneficiary, please send that information directly to USABLE Life.



STATE OF ARKANSAS
Department of Finance
and Administration

EBD
Employee Benefits Division
Post Office Box 15610
Little Rock, AR 72231-5610

Phone: (501) 682-9656

Toll Free: (877) 815-1017

Fax: (501) 682-2366

www.ARBenefits.org

Retiree Payroll Deduction Authorization

(Insurance Rep use only:)

Date Sent: _____

District/Agency Name: _____ District/Agency #: _____

I, _____, hereby authorize you to deduct from my retirement check such amounts as necessary to pay the premiums for my health insurance plan. I further authorize you to pay such amounts to the insurance company providing such personal insurance or to its authorized representative. **This authorization remains in effect until you receive notice from me in writing that it has been changed or revoked.**

The retirement system that I participate in is: **(Check *only* one of the following)**

- ☐ Public Employees Retirement System (APERS)
☐ Teacher Retirement System (ATRS)
☐ Judicial Retirement System
☐ Arkansas Highway and Transportation Retirement System
☐ Alternative Retirement System (Valic, etc) _____ (Indicate which system)

If you are an Arkansas State Retiree, do you currently *only* have coverage with USABLE Life?

☐ Yes or ☐ No

Please refer to rate sheet to determine amount(s) to record:

Monthly Amount	Self	Self/Spouse	Self/Children	Family
Health Premium				
Basic Life Volume*				
Supplemental Life Volume*				
Dependent Life Volume*				
Total Premium*				

***State Retirees only**

If a member is eligible for Medicare and does not have Part B, the plan will pay as though the member does have Part B and the member will have financial responsibility for claims incurred.

If you or your spouse have Medicare Parts A and B, please provide the following information:

Retiree

Medicare HIC # _____
Medicare Part A Eff. Date _____
Medicare Part B Eff. Date _____

Spouse

Medicare HIC # _____
Medicare Part A Eff. Date _____
Medicare Part B Eff. Date _____

Please sign, date and return within 30 days to the address above, attn: Retirement Section

Signature _____ Date _____ SSN _____

(For Office Use Only)

Effective Date: _____ EBD Initials: _____

Please return this form to:

**Employee Benefits Division
P. O. Box 15610
Little Rock, AR 72231-5610**



STATE OF ARKANSAS

Department of Finance
and Administration

EBD

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www.ARBenefits.org

**Waiver of Enrollment
for State & Public School Retirees**

Credible Coverage Information

If you waive enrollment for yourself and/or your dependent(s) (including your spouse) because of other employer group health insurance coverage within 31 days of becoming an active retiree and eligible to draw a retirement annuity check, you may be able to enroll yourself or your dependent(s) (including your spouse) in the future provided that you request enrollment into the State or Public School Retirees health insurance program within 31 days of loss of your other employer group health insurance coverage.

Please check the appropriate box(es):

- ☐ I am eligible at this time to begin drawing a retirement annuity check.
- ☐ I decline coverage for myself. I am currently enrolled under another employer group health insurance plan. (Requires a letter of Creditable Coverage to enroll at a later date)
- ☐ I decline coverage for my dependents (including my spouse). They are currently covered under another employer group health insurance plan. (Requires a letter of Creditable Coverage to enroll at a later date)
- ☐ I decline coverage for myself. I am *not* currently covered under another employer group health insurance plan. **This decision is final and I may not enroll at a later date.**
- ☐ I decline coverage for my dependents (including my spouse). They are *not* currently covered under another employer group health insurance plan. **This decision is final and I may not enroll them at a later date.**
- ☐ I decline coverage as I am covered by Medicare and/or a Medicare supplement other than the State supplement plan. **This decision is final and I may not enroll at a later date.**

I hereby certify that:

- (1) I have been given the opportunity to apply for health insurance coverage as a new state or public school active retiree. The coverage and the policy have been explained to me, and I decline to apply for coverage for myself and/or my dependent(s) (including my spouse) as listed above; and
- (2) I understand that if I decline coverage now due to being covered under another employer group health plan, once I lose that coverage I must apply for this coverage within 30 days of the loss of coverage; and
- (3) I understand that if I am eligible at this time to draw a retirement annuity and decline coverage for myself and dependent(s) (including my spouse) and that we are not currently covered under another employer group health plan at this time, I cannot enroll at a later date. **This decision is final.**

Retiree Signature

Date

Social Security Number

Group ID # / Agency

If you have any questions regarding this form or policy, please call our Customer Service Department at (501) 682-9656 or 1-877-815-1017.



STATE OF ARKANSAS

Department of Finance
and Administration

EBD

Employee Benefits Division
Post Office Box 15610
Little Rock, AR 72231-5610

Phone: (501) 682-9656

Toll Free: (877) 815-1017

Fax: (501) 683-0983

<http://www.ARBenefits.org>

Change Form
Status, Name and Address



1. Employee Information: (please print)				
Last Name		First Name		MI <input type="checkbox"/> Married <input type="checkbox"/> Single
Home Address		City	State	Zip Code
SSN#	Date of Birth:	Home #:	Work #:	
If you would like benefit information sent to you by email, please print your email address:				
Primary Care Physician:		PCP #	Current patient?	

2. Change in Dependent Status (complete this portion if making any changes in dependent status):				
LAST NAME		FIRST NAME		MI GENDER
Social Security #		Date of Birth		<input type="checkbox"/> Add <input type="checkbox"/> Delete
Primary Care Physician:		PCP #	Full time student?**	
LAST NAME		FIRST NAME		MI GENDER
Social Security #		Date of Birth		<input type="checkbox"/> Add <input type="checkbox"/> Delete
Primary Care Physician:		PCP #	Full time student?**	
LAST NAME		FIRST NAME		MI GENDER
Social Security #		Date of Birth		<input type="checkbox"/> Add <input type="checkbox"/> Delete
Primary Care Physician:		PCP #	Full time student?**	

* Please submit guardianship, court-ordered insurance responsibility or adoption papers on dependents that apply.

**For dependents 19 and over only. Please submit proof of student status.

3. Change In Coverage (complete this portion if making any of the following changes):		
Change in Status:		Reason for Change:
<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Family <input type="checkbox"/> Cancel Coverage	<input type="checkbox"/> Add Dependent <input type="checkbox"/> Delete Dependent <input type="checkbox"/> Name <input type="checkbox"/> Address	<input type="checkbox"/> Birth - Date: _____ <input type="checkbox"/> Death - Date: _____ <input type="checkbox"/> Divorce - Date: _____ <input type="checkbox"/> Marriage* - Date: _____ <input type="checkbox"/> Other: _____

* Please attach Marriage License; Maiden Name if applicable

4. To Be Completed By Agency/School District:	
Agency/School District Name:	Agency/School District #:
Effective Date of Change:	Employee #:
Representative Signature:	Date:

Employee Signature: _____ Date: _____



STATE OF ARKANSAS
**Department of Finance
and Administration**

EBD
Employee Benefits Division
Post Office Box 15610
Little Rock, AR 72231-5610

Phone: (501) 682-9656

Toll Free: (877) 815-1017

Fax: (501) 682-2366

www.ARBenefits.org

Authorization Agreement for Pre-Authorization Payments

I (we) hereby authorize the Department of Finance and Administration – Employee Benefits Division to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debits in error to our bank account indicated below at the financial institution named below, hereinafter called Depository, to debit and/or credit the same such account. Date of draft : 10th of the Month.

Depository Name: _____

Address: _____

Routing Number: _____ Type of Account: ☐ Checking

☐ Savings

Total amount to be deducted monthly: _____

This authorization shall remain in effect unless the Employee Benefits Division has received written notification from me (us) of its termination in such time and in such manner as to afford the Employee Benefits Division and Depository a reasonable opportunity to act on it.

Authorization Signer on Account: _____
(Please print name clearly)

Insured's Social Security No.: _____

Signature _____
(Authorized Signer) (Date)

**ATTACH A VOIDED CHECK HERE
(DEPOSIT SLIP CANNOT BE USED)**

Return this authorization to:
Employee Benefits Division
P.O. Box 15610
Little Rock, AR 72231-5610

Please return this form to:

**Employee Benefits Division
P. O. Box 15610
Little Rock, AR 72231-5610**

Creditable Coverage Disclosure Notice

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage after May 15, 2006, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: Plan Year 2007

Name of Entity/Sender: Arkansas State and Public School Life
and Health Insurance Board

Contact-Office: State of Arkansas, Department of
Finance and Administration,
Employee Benefits Division

Address: Post Office Box 15610
Little Rock, AR 72231-5610

Phone Number: (501)682-9656

EBD

Department of Finance
and Administration

P.O. Box 15610

Little Rock, Arkansas 72231

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STATE OF
ARKANSAS

**This publication contains
important health insurance
information.**

